Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Provider Cost Audit and Rate Setting Unit

PCA – Process Rural Health Clinic Cost Report and Perform Cost Settlement

Purpose: Review the cost report using desk review procedures to determine if reported costs are allowable and reasonable and calculate amount of tentative and final settlement for Rural Health Clinics. Cost report forms CMS 222-92 or CMS 2552 are due 150 days after the provider's fiscal year end.

Identification of Roles:

1. <u>Accounting Assistant</u> – reviews the cost report to determine if all the necessary information was completed and received. Imports/data enters cost report. Also reviews the reported items to make sure it foots and ties out to supporting documentation.
2. <u>Staff Accountant</u> – performs desk review procedures to determine reasonable and allowable costs and calculates tentative and final settlement.
3. <u>Senior Accountant</u> – may perform desk review procedures and perform reviews.
4. <u>Supervisor</u> – perform review.
5. <u>Manager</u> – may perform review.

Performance Standards:
Settle cost reports within three months after receipt of the financial and statistical report.

Path of Business Procedure:

Step 1: Generate IAMM3500-R012 and IAMM3500-R013 reports from Medicaid Management Information System (MMIS).

Step 2: Retrieve IAMM3500-R012 and IAMM3500-R013 reports in OnBase.

Step 3: Mail blank Medicaid Cost Report and IAMM3500-R012 and IAMM3500-R013 reports to provider.

Step 4: Cost reports are submitted by Rural Health Clinic (RHC) providers. Mailroom receives Cost Report and scans into On-Base. If electronic version, then disk is sent to Provider Cost Audit (PCA).

Step 5: Postmark date of Cost Report is scanned into On-Base.

Step 6: Receive notification from On-Base that cost report is ready for processing.

Step 7: Receive hard copy or electronic version of Cost Report from mailroom.

Step 8: Perform preliminary review.

Step 9: Log receipt of Cost Report in status log in Access and Iowa Medicaid Cost and Rate System (IMCARS).

Step 10: Send "Cost Report Acknowledgment" letter to agency. Letter is located on the Provider Cost Audit share drive.

Step 11: Cost Report information is data entered/imported into the system.

Step 12: Review Cost Report for mathematical accuracy and completeness and note exceptions.

Step 13: Log support staff review complete date in status log in Access and IMCARs.

Step 14: Generate IAMM3500-R012 and IAMM3500-R013 reports from MMIS.

Step 15: Retrieve IAMM3500-R012 and IAMM3500-R013 reports in OnBase.

Step 16: Perform tentative cost settlement.

Step 17: Calculate tentative settlement.

Step 18: Prepare Interim Rate Calculation Worksheet.

Step 19: Log accountant review complete date in status log in Access and IMCARS.

Step 20: Perform final review.

Step 21: Log final review complete date in status log in Access and IMCARs.

Step 22: Send tentative settlement report to provider including notice of any over/underpayment and/or changes in interim payment rate.

Step 23: If overpayment, set up invoice in accounts receivable system.

Step 24: If necessary, work with provider to set up payment plan based on "repayment" policy.

Step 25: Update interim rate and effective date in MMIS.

Step 26: If underpayment, complete Gross Adjustment Request Form and send to Core. This will be an E-form on OnBase and transferred to Core's appropriate queue for processing.

Step 27: Log tentative settlement complete date in status log in Access and IMCARS.

Step 28: Receive finalized Medicare Cost Report from Medicare Fiscal Intermediary.

Step 29: Log receipt of finalized Medicare Cost Report in status log in Access and IMCARS.

Step 30: Generate IAMM3500-R012 and IAMM3500-R013 reports from MMIS.

Step 31: Retrieve IAMM3500-R012 and IAMM3500-R013 reports in OnBase.

Step 32: Review Medicare Audit Report.

Step 33: Prepare final cost settlement.

Step 34: Log accountant complete date in status log in Access and IMCARs.

Step 35: Perform final review.

Step 36: Log final review complete date in status log in Access and IMCARS.

Step 37: Send final settlement report to provider including notice of any over/underpayment.

Step 38: If overpayment, set up invoice in accounts receivable system.

Step 39: If necessary, work with provider to set up payment plan based on "repayment" policy.

Step 40: If underpayment, complete Gross Adjustment Request Form and send to Core. This will be an E-form on OnBase and transferred to Core's appropriate queue for processing.

Step 41: Log final settlement complete date in status log in Access and IMCARS.

Forms/Reports:
1. CMS 222-92
2. CMS 2552-10, if hospital-based.
3. IAMM3500-R012 and IAMM3500-R013 reports from Core MMIS
4. Cost Settlement Program.
5. Finalized Cost Report from Medicare.
6. Tentative Settlement Report.
7. Final Settlement Report.
8. Gross Adjustment Request Form

RFP References:
6.7.1.2b

Interfaces:
IME Core unit
Medicaid Management Information System (MMIS)
Iowa Medicaid Cost and Reporting System (IMCARS)

Attachments:
N/A